



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137569</u>		3. This Statement covers From: _____ to <u>4-19-09</u>	
2. Committee Name <u>CTE Brian White</u>		4. Candidate Last Name <u>White</u> First Name <u>Brian</u> M.I. <u>M</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Board of Education - WCS</u> 4b. County of Residence <u>Macomb</u>	
5. Committee's Mailing Address <u>2187 Koper Dr.</u> <u>Sterling Heights, MI 48310</u> Area Code and Phone <u>586-795-8540</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>Brian White</u> <u>2187 Koper Dr.</u> <u>Sterling Heights, MI 48310</u> Area Code & Phone <u>586-795-8540</u>	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
<div>9. TYPE OF STATEMENT</div> <div>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</div> <div>Pre-Election or Post-Election Statement relates to:</div> <div><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</div> <div>Date of Election, Convention or Caucus _____</div> <div>9c. <input type="checkbox"/> Annual Statement (Coverage Year) _____ 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____</div> <div>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</div>			
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <u>Brian White</u> Type or Print Name		<u>Brian White</u> Signature Date <u>4-20-09</u>	
Candidate <u>Brian White</u> Type or Print Name		<u>Brian White</u> Signature Date <u>4-20-09</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

~~BE~~ CTE Brian White

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

1,925.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

1,925.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$

1,925.00

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$

(19.) \$

(20.) \$

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 6)

(6.) \$

125.50

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

0

(21.) \$

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

1,830.24

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$

1,830.24

(23.) \$

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$

0

(24.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

125.50

b. Owed to the Committee (Schedule 1E)

(12b.) \$

0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$

0

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

1,925.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

1,925.00

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

1,830.24

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$

94.76



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name Committee to Elect Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-26-09</u>	
Name & Address: <u>William Carr, II</u> <u>29156 Ohmer</u> <u>Wahke, MI 48092</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-21-09</u>	
Name & Address: <u>John Lettarg</u> <u>29763 Bohkie Drive</u> <u>Wahke, MI 48093</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Cynthia Szuminski</u> <u>28436 Walker</u> <u>Wahke, MI 48092</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Bekdan Waghet</u> <u>31009 Roan Drive</u> <u>Wahke, MI 48093</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

175.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Nadine Saecques</u> <u>3803 Lakehidge Ct.</u> <u>Lake Orion, MI 48360</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Joseph Kozich</u> <u>4836 Rivers Edge</u> <u>Truy, MI 48098</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Mary Cwierlak</u> <u>31358 Pinto Dr.</u> <u>Warren, MI 48093</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Susan Pi thone</u> <u>2828 Burningsbush Dr.</u> <u>Sterling Heights, MI 48314</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

125.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Brian Walmsley</u> <u>46039 Lookout Drive</u> <u>Macomb Township, MI 48044</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Robert Waski</u> <u>52576 Belle Crest</u> <u>Shelby Township, MI 48316</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Sehnifer Miller</u> <u>162 Riverside Dr.</u> <u>Mount Clemens, MI 48043</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-21-09</u>	
Name & Address: <u>Robert Carlesso</u> <u>4442 Bayleaf Dr.</u> <u>Sterling Heights, MI 48314</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

125.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Rebecca Livenhojs</u> <u>35408 Grayfield Dr.</u> <u>Sterling Heights, MI 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Lisa Mutchison</u> <u>33302 Vicehoj Drive</u> <u>Sterling Heights, MI 48310</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Todd Biederwolf</u> <u>Farmington Hills, MI 48313</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Scott Wooster</u> <u>31102 Cousino Drive</u> <u>Warren, MI 48092</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name QTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-22-09</u>	
Name & Address: <u>Schoolcase Consulting, LLC</u> <u>1037 Hidden Lake</u> <u>Rochester, MI 48309</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-21-09</u>	
Name & Address: <u>Marilyn S. Michaelson-Clarke</u> <u>13521 Masonic Blvd.</u> <u>Warren, MI 48088</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-12-09</u>	
Name & Address: <u>Karen L. Edwards</u> <u>32738 Valley Drive</u> <u>Warren, MI 48088</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-12-09</u>	
Name & Address: <u>William Majewski</u> <u>31424 Lyons Cir W</u> <u>Warren, MI 48092</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 150.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>David Luedtke</u> <u>36728 Samoa</u> <u>Stenley Heights, MI 48312</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Sonathon Fielbrandt</u> <u>5929 Misty Hill Court</u> <u>Clankston, MI 48346</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address:			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Independent Michigan Political Action Council of Teachers</u> <u>12434 Twelve mile Road</u> <u>Warren, MI 48093</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Expert Leadership Services, LLC</u> <u>7999 30 mile Rd.</u> <u>Washington, MI 48095</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-4-09</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

50.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

1,925.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 137569

2. Committee Name CTE Brian White

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
---	---	--------------------------------------	--

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Brian White
2187 Koper Dr.
Sterling Heights, MI 48310

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Filing Fee

5. Date Of Receipt: 2-2009

6. Vendor Name & Address:

macomb county clerk

Click Here for Memo Itemization

\$ 100.00 \$ 100.00

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Brian White
2187 Koper Dr.
Sterling Heights, MI 48310

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Ballot Request 09 Absentees

5. Date Of Receipt: 3-3-09

6. Vendor Name & Address:

City of Sterling Heights
Sterling Heights Clerk

Click Here for Memo Itemization

\$ 22.00 \$ 22.00

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Brian White
2187 Koper Dr.
Sterling Heights, MI 48310

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Absentee Request 08 Election

5. Date Of Receipt: 2-24-09

6. Vendor Name & Address:

City of Troy
Troy, MI

Click Here for Memo Itemization

\$ 3.50 \$ 3.50

☐ Fund Raiser Contribution

Page Subtotal

125.50 125.50

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

125.50

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137569
2. Committee Name CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sawiecki and son, Inc.</u> Address <u>1521 W. Lafayette Blvd. W.</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Lawh Signs Purpose: <u>Lawh Signs</u>	4-9-09 <u>4-9-09</u>	503.50 \$ <u>503.50</u>
Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2 Name <u>Warren Post office</u> Address <u>Warren, Michigan</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage-Fundraiser</u>	<u>12/20/08</u>	\$ <u>329.60</u>
Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3 Name <u>VFW Post 9021</u> Address <u>Ryan Road</u> <u>Warren, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental-Fundraiser</u>	<u>12/19/08</u>	\$ <u>115.00</u>
Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4 Name <u>Office Max</u> Address <u>26475 Hoover</u> <u>Warren, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes-Fundraiser</u>	<u>1/12/09</u>	\$ <u>106.95</u>
Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5 Name <u>Office Depot</u> Address <u>Warren, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels and Envelopes</u>	<u>1/13/09</u>	\$ <u>17.24</u>
Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>1,072.29</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137569
2. Committee Name CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Costco Wholesale</u> Address <u>Roseville, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-23-09</u> Date	\$ <u>27.50</u>
Expenditure #2 Name <u>Reliable Graphics</u> Address <u>10400 W. Nine Mile Road</u> <u>Oak Park, MI 48237</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>2 sided color copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-3-09</u> Date	\$ <u>424.00</u>
Expenditure #3 Name <u>Office Max</u> Address <u>26475 Hoover</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>1,800 Flyers Blw</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-2-09</u> Date	\$ <u>106.95</u>
Expenditure #4 Name <u>Sterling Heights post office</u> Address <u>Sterling Heights, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-3-09</u> Date	\$ <u>197.00</u>
Expenditure #5 Name <u>City of Troy</u> Address <u>Troy City Hall</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Absentee Request of Election</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-24-09</u> Date	\$ <u>2.50</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)
Enter this total on line 8a of Summary Page

757.95
1,830.24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Brian White</u> <u>2187 Koper Dr.</u> <u>Sterling Heights, MI</u> <u>48310</u>	4. Type: <u>Filing Fee</u> 5. Date Debt Was Incurred: <u>Feb. 2009</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Brian White</u> <u>2187 Koper Dr.</u> <u>Sterling Heights, MI</u> <u>48310</u>	4. Type: <u>Ballot Request</u> 5. Date Debt Was Incurred: <u>3-3-09</u> 6. Original Amount of Debt: <u>\$ 22.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>22.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Brian White</u> <u>2187 Koper Dr.</u> <u>Sterling Heights, MI</u> <u>48310</u>	4. Type: <u>Absentee Request</u> 5. Date Debt Was Incurred: <u>2-24-09</u> 6. Original Amount of Debt: <u>\$ 3.50</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>3.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 125.50

Grand Total of all Schedules 1E 125.50
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569

2. Committee Name CTE Briah White

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>January 22, 2009</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>social</u>	6. Address and Name (If any) of the place where the activity was held. <u>VFW Post 9021</u> <u>Ryan Wahheh, MI</u> <input type="checkbox"/> Private Residence <u>48092</u>
---	---	---	---

7. Total Contributions 1,925

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 1,925

10. Total Cost of Event 1,137.76
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>137352</u> <u>CTE Insa Susan Kattula</u>	<u>38/62</u>	<u>50/50</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.